

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

1080

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO 875)

SERIAL NO.
09/869923

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51	/					
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62			/			
13							63			/			
14							64			/			
15							65			/			
16							66			/			
17							67			/			
18							68			/			
19							69			/			
20							70			/			
21							71			/			
22							72			/			
23							73			/			
24							74			/			
25							75			/			
26							76			/			
27							77			/			
28							78			/			
29							79			/			
30							80			/			
31							81			/			
32							82			/			
33							83			/			
34							84			/			
35							85			/			
36							86			/			
37							87			/			
38							88			/			
39							89			/			
40							90			/			
41							91			/			
42							92			/			
43							93			/			
44							94			/			
45							95			/			
46							96			/			
47							97			/			
48							98			/			
49							99			/			
50							100			/			
TOTAL IND.	1						TOTAL IND.			99			
TOTAL DEP.	0						TOTAL DEP.			27			
TOTAL CLAIMS	1						TOTAL CLAIMS			126			